

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

**Molina Healthcare, Inc. PAC**

ADDRESS (number and street)

**200 Oceangate****Suite 100****Long Beach****CA****90802**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)**margie.finkelnburg@molinahealthcare.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)2. DATE 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

 / 

|   |   |
|---|---|
| D | D |
| 2 | 7 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

3. FEC IDENTIFICATION NUMBER

**C C00430256**4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer **Joseph White**Signature of Treasurer Electronically Filed by **Joseph White**

Date

|   |   |
|---|---|
| M | M |
| 0 | 3 |

 / 

|   |   |
|---|---|
| D | D |
| 2 | 7 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only**For further information contact:**  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)